

McLAREN NEUROLOGIC REHABILITATION INSTITUTE – PHYSICAL THERAPY SERVICES

Patient: _____

Therapist: _____

Account #: _____

Insurance: _____ / Expiration Date: _____

PT EVAL: LOW Complexity 46400543	97161
Date:	

PT EVAL: MODERATE Complexity 46400544	97162
Date:	

PT EVAL: HIGH Complexity 46400545	97163
Date:	

PT RE-EVAL 46400034	97164
Date:	



870b

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
46400058	Functional Act. 1/1	97530																
46400051	Gait Training	97116																
46400050	Ex Neuro/Bal/Coord.a	97112																
46400048	Ex Strength/Flex	97110																
46400038	Hot or Cold Pack	97010																
46400039	Traction, Mechanical	97012																
46400055	Manual Soft Tis/Joint MOB	97140																
46400075	Prosthetic Training Initial Encouter	97761																
46400073	Orthotic Training Initial Encounter	97760																
46400553	Orthotic/Prosthetic Mgt Subsequent Encounter	97763																
46400046	Ultrasound	97035																
46400053	Massage	97124																
46400093	E Stim Unattended	97014																
46400042	E Stim Attended	97032																
46400079	Unlisted PT Service	97799																
46400066	Self-Care/ADL	97535																
46400068	Comm Reintegration	97537																
46400070	W/C Management	97542																
46400082	Team Conference With Patient/Family	99366																
46400083	Team Conference Without Patient/Family	99368																
46400044	Iontophoresis	97033																
46400064	Sensory Integ.	97533																
46400523	Canalith Repositioning	95992																
46400102	No Charge																	
46400060	Cognitive Training	97127																